

<h1 style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</h1> <p>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</p>		Attorney Docket No. S.WELL	
		First Inventor Douglas J. Short	
		Title Method Of Promoting Employee Wellness And Health Insurance Strategy For Same	
		Express Mail Label No. EL 995369875 US	

PTO  
 10/652849  
 08/29/03

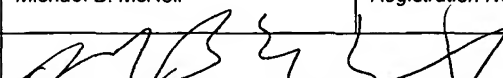
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets ] 5. Oath or Declaration [Total Sheets ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No: \_\_\_\_ /  
 Prior application information: Examiner \_\_\_\_ Art Unit: \_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 2px; text-align: center;">                         (Insert Customer No. or Attach bar code label here)                     </div>			<input type="checkbox"/> Correspondence address below		
Name	Michael B. McNeil Liell & McNeil Attorneys PC				
Address	PO Box 2417				
	511 S. Madison Street				
City	Bloomington	State	IN	Zip Code	47402
Country	United States	Telephone	(812) 333-5355	Fax	(812) 333-3173

Name (Print/Type)	Michael B. McNeil	Registration No. (Attorney/Agent)	35,949
Signature		Date	08-29-03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

16310 U.S. PTO  
08/29/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 5px 0 0 40px;">Patent fees are subject to annual revision.</p>		<i>Complete if Known</i>	
		Application Number	
		Filing Date	
		First Named Inventor	Short
		Examiner Name	
		Group / Art Unit	
		Attorney Docket No.	S.WELL
TOTAL AMOUNT OF PAYMENT		(\$)	375

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 500226</p> <p>Deposit Account Name: Michael McNeil</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Check            <input type="checkbox"/> Credit card            <input type="checkbox"/> Money Order            <input type="checkbox"/> Other       </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">1. BASIC FILING FEE</th> </tr> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: center; border: 1px solid black;">375</td> </tr> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td style="text-align: center;">-20 **</td> <td>=</td> <td>Extra Claims</td> <td style="text-align: center;">X 18</td> <td>=</td> <td>Fee from below</td> <td style="text-align: center;">=</td> <td>Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">-3 **</td> <td>=</td> <td></td> <td style="text-align: center;">X 84</td> <td>=</td> <td></td> <td style="text-align: center;">=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td>=</td> <td>0</td> <td style="text-align: center;">=</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> </table> <p style="font-size: small;">**or number previously paid, if greater; For Reissues, see above</p>	1. BASIC FILING FEE					Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	101	740	201	370	Utility filing fee	106	330	206	165	Design filing fee	107	510	207	255	Plant filing fee	108	740	208	370	Reissue filing fee	114	160	214	80	Provisional filing fee	<b>SUBTOTAL (1)</b>				375	Total Claims	-20 **	=	Extra Claims	X 18	=	Fee from below	=	Fee Paid	Independent Claims	-3 **	=		X 84	=		=		Multiple Dependent				X	=	0	=		Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	84	202	42	Independent claims in excess of 3	104	280	204	140	Multiple dependent claim, if not paid	109	84	209	42	** Reissue independent claims over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b>				0	<p><b>3. 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<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Michael B. McNeil	Registration No. Attorney/Agent	25,949
Signature		Telephone	812-333-5355
		Date	8-29-03

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